

(Please Print Clearly)

Name _____
Last First Maiden/Middle Preferred Name

Date of Birth _____

Home Phone _____ Cell Phone/Pager _____

Home Address _____
Street/Mailing Address City/State/Zip County

Email: _____

Employed By: (If not employed, list last employer) _____

Address _____ Work Phone _____

Job Title _____ May you be called at work? ☐ Yes ☐ No

Supervisor's Name _____

Emergency Contact Person _____ Phone (W) _____

Phone (H) _____

Education: (Highest year of school completed)

- | | | |
|--|---|---|
| <input type="checkbox"/> Less Than High School | <input type="checkbox"/> College Not Graduate | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Tech/Voc/Assoc. Degree | <input type="checkbox"/> Post Graduate Degree |

Degree Received: _____ Major/Minor Course Work _____

Optional: In order to determine if our volunteer pool reflects the diversity of the community, please indicate your ethnic group(s):

Although no special experience is required, do you have training, knowledge, or skills in any of the following areas?

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising or Public Relations | <input type="checkbox"/> Criminology or Law Enforcement | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Drug or Alcohol Abuse Counseling | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Child Welfare Social Work | <input type="checkbox"/> Management | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Clerical/Computer | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Medical | <input type="checkbox"/> Training/Instructing |
| | <input type="checkbox"/> Other | |

Are you willing to volunteer in other areas of our program? _____ If so, what areas?

Do you speak a foreign language? ☐ Yes ☐ No If yes, which language _____

How did you learn of our program? _____

List current and previous volunteer work, including name of organization and supervisor.

What are your reasons for wanting to participate in the Guardian ad Litem Program?

Have you or your immediate family ever been involved in Family Court Proceedings? ☐ Yes ☐ No

If yes, please describe and include dates. _____

Have you ever been employed with DSS? ☐ Yes ☐ No If yes, list when and what type employment.

Have you ever been a foster parent? ☐ Yes ☐ No If yes, with whom. _____

Have you ever been on Foster Care Review Board? ☐ Yes ☐ No

Do you drive? ☐ Yes ☐ No Do you have regular access to a car? ☐ Yes ☐ No

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

If yes, please describe (including charge, disposition of charges, and date of conviction, county, state) on a separate page.

Can you think of any reason why a judge might be reluctant for you to serve as a volunteer Guardian ad Litem?

How long have you lived in this county/community? _____ If less than two years, please give previous address: _____

Please list as references three people who know you well, at least one for whom you have worked in either a paid or unpaid capacity. Please do not list relatives.

(Mr. Mrs. Ms)	_____	_____	_____
	(Name)	(Phone)	(Relationship)
	_____	_____	_____
	(Address)	(City & State)	(Zip Code)
(Mr. Mrs. Ms)	_____	_____	_____
	(Name)	(Phone)	(Relationship)
	_____	_____	_____
	(Address)	(City & State)	(Zip Code)
(Mr. Mrs. Ms)	_____	_____	_____
	(Name)	(Phone)	(Relationship)
	_____	_____	_____
	(Address)	(City & State)	(Zip Code)

4 Core Requirements of Guardian ad Litem Volunteers:

1. See the Child(ren) every 30 days.
2. Submit a Monthly Monitoring Report to the County Office every month.
3. Write a report for every Court Hearing and attend Court.
4. Perform reasonable advocacy focused on meeting children's unmet needs.

Are you willing and able to perform these duties? YES ☐ NO ☐

I declare that all of the preceding information is true and correct to the best of my knowledge as of the date of this application. I understand that any false or misleading information given by me can disqualify me from consideration, or result in dismissal at a later time. I hereby authorize the Department of Administration to run a criminal history check with First Advantage and give said results to the Coordinator of the _____ County Guardian ad Litem Program. I further authorize the Department of Social Services to determine if I have ever been reported for child abuse/neglect or have a founded case against me. I understand that the information so released may prove unfavorable to me. I further authorize inquiries to be made concerning my suitability as a Guardian ad Litem. If I am accepted as a volunteer, I understand that I will have an ongoing obligation to notify the _____ County Guardian ad Litem Program if I am at any time under investigation for any of the crimes listed in S.C. Code Ann. §63-11-520 or if I am at any time under investigation by the Department of Social Services for any type of abuse or neglect action.

(Applicant's Signature)

(Date)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date References Mailed: _____

Date Received: 1. _____ 2. _____ 3. _____

County in which training was attended/Dates: _____

Date of Interview: _____ Trial Observation Date: _____

Volunteer Agreement signed (date): _____ Autobiography Received (date) _____

First Advantage Check Received (date): _____

DSS Central Registry Check Received (date) _____

Social Media Agreement signed (date): _____ SWORN IN DATE: _____

PROSPECTIVE VOLUNTEER AUTOBIOGRAPHY

Name: _____ **County:** _____ **Date:** _____

In the space provided or on a separate sheet of paper, please write a brief autobiography. We would like to know more about you before you begin the training. This summary will help us make your training and Guardian ad Litem experience as meaningful as possible. Please include your autobiography with your application and mail to the GAL office. Thank you.
